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TRANSMITTAL FORM		Application Number	09/664,662
		Filing Date	September 19, 2000
		First Named Inventor	Todd M. Porter
		Art Unit	2613
		Examiner Name	Czekaj, David J.
Number of Pages in This Submission		[2]	Attorney Docket Number

OCT 06 2004 *RECEIVED*
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Technology Center 2600

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<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <small>(please identify below):</small> Acknowledgment Postcard.
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	ROBERT C. HILTON
Signature	
Date	SEPTEMBER 28, 2004

CERTIFICATE OF TRANSMISSION/MAILING

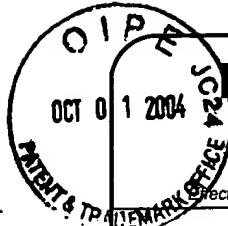
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Signature		Date
		September 28, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 475)

Complete if Known	
Application Number	09/664,662 RECL
Filing Date	September 19, 2000
First Named Inventor	Todd M. Porter OCT 06 2004
Examiner Name	Czekaj, David J.
Art Unit	2613 Technology Center
Attorney Docket No.	022764.0101PTUS (Previous No. 11366.00001)

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None Order
 Deposit Account:

Deposit Account Number 50-2816

Deposit Account Name PATTON BOGGS, LLP

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
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-
- Charge any additional fee(s)
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	770	2001	385
1002	340	2002	170
1003	530	2003	265
1004	770	2004	385
1005	160	2005	80

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20 **	=	0	X	Fee from below	Fee Paid
Independent Claims	-3 **	=	0	X		0
Multiple Dependent				X		0

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	86	2201	43
1203	290	2203	145
1204	86	2204	43
1205	18	2205	9

SUBTOTAL (2) (\$ 0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 475)

SUBMITTED BY						Complete if applicable
Name (Print/Type)	ROBERT C. HILTON	Registration No. (Attorney/Agent)	47,649	Telephone	(214) 758-6641	
Signature						Date
						SEPTEMBER 28, 2004

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